

AP/28348

PTO/SB/21 (02-04)

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JPW

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|----------------------|
| Application Number | 10/005,483 |
| Filing Date | 11/09/2001 |
| First Named Inventor | James L. SNELL et al |
| Art Unit | 2634 |
| Examiner Name | Shuwang Liu |
| Attorney Docket Number | 56162.000489 |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Phillip D. Mancini, Reg. No. 46,743 for Kevin T. Duncan, Reg. No. 41,495 |
| Signature | |
| Date | September 29, 2005 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

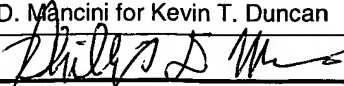
Typed or printed name

Signature

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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| FEE TRANSMITTAL MAIL STOP AFTER-FINAL | | | | <i>Complete If Known</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|---|-------|--|--------------|---------------------------------|--|-----------------|----------|--|----|---|----|---|-----------|--|-----------|--|----|---|----|---|----|---|----|--|----|---|----|---|----|---|----|--|----|---|----|--|----|--|----|---|----|--|----|
| | | | | Application No. | | 10/005,483 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Filing Date | | 11/09/2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | First Named Inventor | | James L. SNELL <i>et al</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Examiner Name | | Shuwang Liu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Group Art Unit | | 2634 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Amount Of Payment | | (\$) | | 950.00 | | Attorney Docket No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 56162.000489 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check one) | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP. | | | | 3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two (2) Month Extension of Time</td> <td style="text-align: right;">\$ 450.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Notice of Appeal</td> <td style="text-align: right;">\$ 500.00</td> </tr> <tr> <td><input type="checkbox"/> Filing Brief in Support of Appeal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Design Issue Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Plant Issue Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Commissioner</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (Unavoidable)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (Unintentional)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions Related to Provisional Applications</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Submission After Final Rejection</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Recording Each Patent Assignment Per Property</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Request for Reexamination</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) _____</td> <td style="text-align: right;">\$</td> </tr> </table> | | | | Fee Description | Fee Paid | <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input checked="" type="checkbox"/> Two (2) Month Extension of Time | \$ 450.00 | <input checked="" type="checkbox"/> Notice of Appeal | \$ 500.00 | <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | <input type="checkbox"/> Request for Oral Hearing | \$ | <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) | \$ | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petition to Commissioner | \$ | <input type="checkbox"/> Petition to Revive (Unavoidable) | \$ | <input type="checkbox"/> Petition to Revive (Unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recording Each Patent Assignment Per Property | \$ | <input type="checkbox"/> Filing Request for Reexamination | \$ | <input type="checkbox"/> Other (specify) _____ | \$ |
| Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two (2) Month Extension of Time | \$ 450.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Notice of Appeal | \$ 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Request for Oral Hearing | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Design Issue Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Plant Issue Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to Commissioner | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to Revive (Unavoidable) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to Revive (Unintentional) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing Submission After Final Rejection | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Recording Each Patent Assignment Per Property | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing Request for Reexamination | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) _____ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>FEE PAID</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design Filing Fee | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant Filing Fee | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue Filing Fee | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional Filing Fee | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIMS FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | Number Present | Highest Number Paid For | Extra | Rate | | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CLAIMS | 133 | 133 | 0 | x \$ 50.00 | x \$ 25.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEPENDENT CLAIMS | 17 | 17 | 0 | x \$ 200.00 | x \$ 100.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIMS | | | | \$ 360.00 | \$ 180.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL EXTRA CLAIMS FEES | | | | | | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | Complete (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typed or Printed Name | | Phillip D. Mancini for Kevin T. Duncan | | Registration No. | | 46,743 for 41,495 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | Date | | September 29, 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |